



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E389229**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-03257
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12	30	2014	1633	31						0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

91 AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	600
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2532187400
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LAST NAME	BRAZIL	FIRST NAME	RYAN	MIDDLE INITIAL	S
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STREET NEW ADDRESS	9234 1ST ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583414
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CDL		RESTRICTIONS	B	ENDORSEMENTS	L
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DRIVER'S LICENSE #	BRAZILS148P9	STATE	WA	SEX	M	D.O.B. MMDDYYYY	10	29	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	3	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	0D0796	STATE	WA	VIN#	JS1NP41A6E2100545
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	SUZI	MODEL	LS650L4	STYLE	RS	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **RYAN BRAZIL 9234 1ST ST SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 3607703285
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LAST NAME	WERNTZ	FIRST NAME	BRANDON	MIDDLE INITIAL	R
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STREET NEW ADDRESS	1221 84 AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	27003439	STATE	TX	SEX	M	D.O.B. MMDDYYYY	06	18	1992
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ASR6432	STATE	WA	VIN#	1GHDT13W7Y2227470
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	OLDS	MODEL	BRAVA	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **BRANDON WERNTZ 17610 ENGBRETSSEN RD GRANITE FALLS WA 98252**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY # GEICO 4365823055	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	
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OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E389229**

CASE # **14-03257**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SMITH CRYSTAL A																
ADDRESS & PHONE #		9731 12TH PL SE LAKE STEVENS WA 98258																
		SEX	F	D.O.B. MMDDYYYY	03			25			1989							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
		SEX		D.O.B. MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
		SEX		D.O.B. MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 12/30/14 at about 1633 hours, (all times approximate) I was dispatched to a non-blocking, non-injury collision at 7-11 at 605 91st Ave NE in the city of Lake Stevens.

Vehicle 1 (LIC: 0D0796), a motorcycle, was in the northbound lane in the 600 block of 91st Ave NE with stopped traffic when it illegally passed four or five vehicles on the right.

Vehicle 1 drove in front of Vehicle 2 (LIC: ASR6432), an SUV, as Vehicle 2 was exiting the 7-11 parking lot to make a left turn to head south on 91st Ave NE.

Vehicle 2 struck Vehicle 1 which then collided with another car that fled the scene. No information was provided about the vehicle that left.

Vehicle 2 had a passenger, no parties claimed being injured. Vehicle 1 did not have insurance. Vehicle 2 provided a valid proof of insurance card but was later informed by their insurance they were not covered after October of 2014.

No tow requests were made.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-03-15 09:07 AM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALWICK 71

DATE

1/4/2015 5:16:12 PM

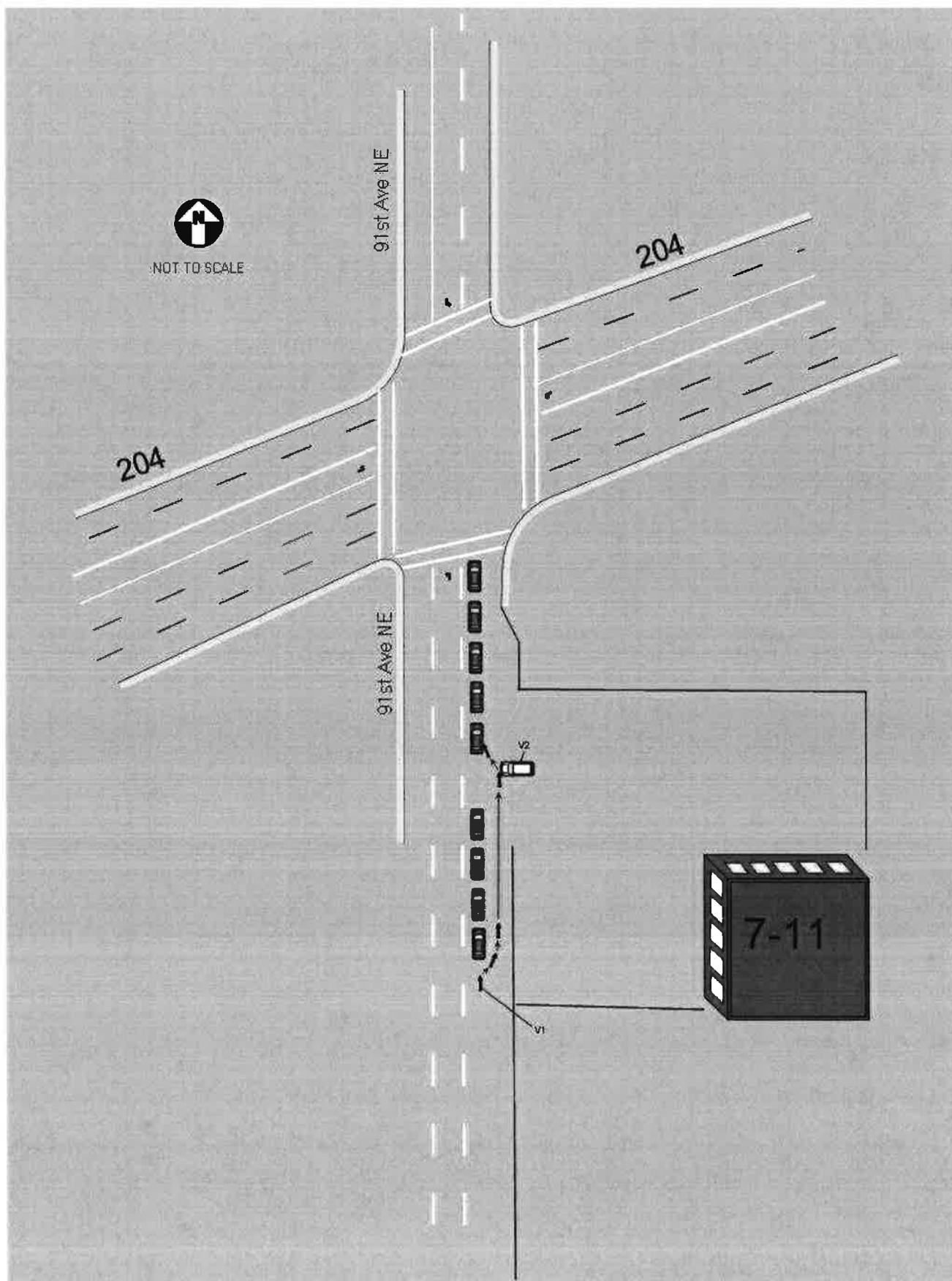
BADGE OR ID # **127**

ORI #

WA0311900

TIME POLICE DISPATCHED **4:33 PM**

TIME POLICE ARRIVED **4:45 PM**



Incident History for: #SS14025932 Xref: #SS14025991

Case Numbers: \$SS14003257

Entered 12/30/14 16:33:00 BY SPCT06 SP0371
Dispatched 12/30/14 16:33:21 BY SPSC40 SP0203
Enroute 12/30/14 16:33:21
Onscene 12/30/14 16:45:26
Closed 12/30/14 17:12:03

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 605 91 AV NE , LKS -- 7-11 , LKS btwn MARKET PL & SR 204 (V)

Loc Info:

Name: WERNTZ, BRANDON,

Addr:

Phone: 3607703285

/1633 (SP0371) ENTRY , CC, NOW, 2 VEH NON INJURY NON BLKING PKLOT COL,
SUV VS MOTORCYLCE
/1633 (SP0203) DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN)
/1645 (SS127) *ONSCNE 19D2
/1657 (SP0200) ASNCAS 19D2 \$SS14003257
/1700 REMINQ 19D2 WANT, 19D2, X, TX, , , , , , , , 27002439, , , , ,
/1701 REMINQ 19D2 WANT, 19D2, , , , , , KIM, HA, LEUL, 1989, 08, 30, , , , , ,
/1702 REMINQ 19D2 WANT, 19D2, X, TX, , , , KIM, HA, LEUL, 1989, 08, 30, F, , , , ,

/1702 REMINQ 19D2 , WANT, 19D2, , , , , , KIM, HA, LEUL, 1989, 08, 30, F, , , , ,
/1706 (SS127) REMINQ 19D2 MDTWANT, BRAZIL, RYAN, S, 102986, , , WA, , , , , , , , , , ,
/1712 *CLEAR 19D2 D/H
/1712 CLOSE 19D2

*** New Date: 12/31/14 ***

/1706 (SP0368) CROSS #SS14025991

LSPD
ORIGINAL